

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90062 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K88642**

1. Corporation Name  
**SURETY TEKNICIANS, INC.**

Principal Place of Business  
**% ALBERT ELIA**  
**1000 N. ASHLEY ST., SUITE 630**  
**TAMPA FL 33602-9850**  
**US**

Mailing Address  
**% ALBERT ELIA**  
**1000 N. ASHLEY ST., SUITE 630**  
**TAMPA FL 33602-9850**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4410 N. 56TH ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Tampa, FL</b> Zip Country 24 <b>33610</b> 25		2a. Mailing Address 26 <b>4410 N. 56TH ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa, FL</b> Zip Country 29 <b>33610</b> 30		3. Date Incorporated or Qualified <b>05/15/1989</b>	
		4. FEI Number <b>59-2944831</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ELIA, ALBERT</b> <b>15832 SANCTUARY DR</b> <b>TAMPA FL 33647</b>		10. Name and Address of New Registered Agent 81 Name <b>ELIA, ALBERT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4410 N. 56TH ST</b> 83 84 City <b>Tampa</b> FL 85 Zip Code <b>33610</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ALBERT ELIA**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIA, ALBERT</b>	1.2 NAME	
STREET ADDRESS	<b>15832 SANCTUARY DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIA, ALBERT</b>	2.2 NAME	
STREET ADDRESS	<b>15832 SANCTUARY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, EVELYN</b>	3.2 NAME	<b>Rogers, Evelyn D</b>
STREET ADDRESS	<b>8801 HUNTER LAKE DR., #823</b>	3.3 STREET ADDRESS	<b>16332 Compton Palms Dr.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ALBERT ELIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)